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Leach actificate of Mailing or Transmission. 00826 7590 12/13/2005 ALSTON & BIRD LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000 Tracey S. Wright 03/14/2006 MBELETE2 00000006 10057729 (Signature 2006 700.00 OP 01 FC:2501 March (Date 02 FC:1504 300.00 OP ATTORNEY DOCKET NO. CONFIRMATION NO. FIRST NAMED INVENTOR **FILING DATE** APPLICATION NO. 01/24/2002 Raphael Marcelpoil 35735/240498 10/057,729 TITLE OF INVENTION: METHOD FOR QUANTITATIVE VIDEO-MICROSCOPY AND ASSOCIATED SYSTEM AND COMPUTER SOFTWARE PROGRAM **PRODUCT PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN, TYPE **SMALL ENTITY ISSUE FEE** \$1000 03/13/2006 YES \$700 \$300 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS 2623 382-129000 CHOOBIN, BARRY 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list Alston & Bird LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Burlington, North Carolina 27215 TriPath Imaging, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🚨 Corporation or other private group entity 📮 Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) 🛣 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0603 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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